

# EMS and Hospice

Live Like You Are Dying 2

By

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# Objectives

- Discuss the history of Hospice
- Review the concept of Hospice
- Discuss how individual impressions affect hospice patients decisions
- Identify conditions that are cared for under hospice care
- Discuss Do Not Resuscitate orders in Virginia

# End of Life Care

- Controversial topic in the United States
- Some physicians do not support the hospice concept
- What does “dying with dignity” mean to you?
- Patient’s right to choose

# History of Hospice

- First Hospices around 1065
- Early in the 14<sup>th</sup> century first hospice in England
- Hospices flourished during the Middle Ages
- Decline in Hospices between 15<sup>th</sup> and 17<sup>th</sup> centuries
- Concept revived during 17<sup>th</sup> century in France

# History of Hospice

- First Hospice in London in 1892
- First Hospice in New York in 1899
- During 19<sup>th</sup> century Ireland became an influential developer of the Hospice concept
- Foundational principles of modern day Hospice developed in 1950

# History of Hospice

- Cicely Saunders
  - Registered nurse
  - Medical Social Worker
  - Polish refugee
  - Saint Luke's Home for the Dying Poor
  - Medical School
- Her concept of hospice care

# Let's Meet Betsy

- Stay at home Mom
- 2 children
- 1 child with Cystic Fibrosis
- Loves caring for her family
- Becomes enamored with nursing during the many hospitalizations of her youngest child



# Hospice Statistics

- 1.56 million people received hospice care in 2009
- 1,020,000 of those people died
- 294,000 were carried over into 2010
- 243,000 were discharged
- Approximately 50% of patients were under hospice care for 21 days
- Average length of care is 69 days

# The Hospice Concept

- Comprehensive program of care for patients and families facing a life threatening illness
- Palliative care versus curative treatment
- Affirms life and regards dying as a part of life
- Neither hastens nor postpones death
- Tries to meet physical, spiritual, and psychological needs of patients and families
- Geared to people with 6 months or less to live

# Provision of Hospice Services

- Many different delivery methods
  - Most patients receive care at home
  - Utilizes healthcare providers as well as volunteers
  - Can be delivered in a nursing home or hospice house
- Patients must be certified by a physician to receive hospice benefits
- Hospice is paid under a prospective payment system

# Hospice Benefits

- Patients have to agree to suspend curative treatment
- Care is geared to making patient comfortable during last days of life
- Treatment includes pain and symptom management
- Care must be directed by hospice provider
- Patient's can be discharged from program for seeking care on their own

# Hospice Benefits

- Patients receive discounted drugs from Hospice pharmacies
- Staff provides care that family can not

# Do Not Resuscitate

- Does not mean no treatment
- Simply means not chest compressions and cardiac arrest drugs
- Can provide comfort care
- OEMS DNR changes

# Hospice and EMS

- Usually get called early in care
- Usually called by family members who are not familiar with program who panic
- Should ensure that Hospice provider is contacted
- Transport decisions should be made in conjunction with the patient's wishes, the primary caregiver and the Hospice Provider

# Questions

What diseases can patients be placed in hospice for?

What are some ways that EMS providers can ensure that the patient's wishes are followed?

Is it possible for patient's to be influenced by the way other people perceive hospice and dying?

# Preconceptions and Attitudes

- There are still doctors who don't feel there is a place for hospice in healthcare
- Patients have the right to decide how they spend their last days
- Family members do not always understand the decision
- We can influence how people react
- Remember we must be advocates for the patient

# Conclusion

- Make sure that you honor patient's wishes
- Don't allow your preconceptions to cloud your interactions with the patient